

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Filed: March 13, 2007

Signature:

(Dawn Class)

Docket No.: CWRU-P01-046
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Patent Application of:
Laughlin et al.

Application No.: 10/730,549

Confirmation No.: 1488

Filed: December 5, 2003

Art Unit: 1651

For: CELL-BASED THERAPIES FOR ISCHEMIA

Examiner: L. E. Barnhart

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

An Office Action was mailed on November 13, 2006 setting forth a three-month period for response. Applicants are concurrently requesting a one-month extension of time. Therefore, this amendment is being timely filed. Please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

**AMENDMENT TRANSMITTAL LETTER**Docket No.
CWRU-P01-046Application No.
10/730,549Filing Date
December 5, 2003Examiner
L. E. BarnhartArt Unit
1651

Applicant(s): Laughlin et al.

Invention: CELL-BASED THERAPIES FOR ISCHEMIA

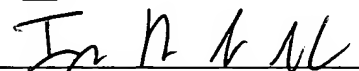
TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	61	- 61 =		x	
Independent Claims	5	- 5 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					60.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					60.00

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 18-1945 in the amount of \$ 60.00.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 18-1945
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Ignacio Perez de La Cruz
Attorney/Agent Reg. No.: 55,535

Dated: March 13, 2007

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